Filing Status: Active

Status Date: 04/22/2021



General Information	Section Question			Response				
Applicant Information	Applicant Name, Type, and Contact Information							
	Applicant	Address	Phone	Email	Applicant Type			
	DELMARVA EDUCATIONAL ASSOCIATIO Doing Business As: DELMARVA EDUCATIONAL ASSOCIATION	N 3780 WILL SCARLET ROAD WINSTON-SALEM, NC 27104 United States	+1 (336) 765-7438	jonathan@jacksonville. radio	Not-for- Profit			

Contact Representatives (2)	Contact Name	Address	Phone	Email	Contact Type
	WILLIAM J. GETZ CONSULTING ENGINEER CARL T. JONES CORPORATION	7901 Yarnwood Ct. Springfield, VA 22153 United States	+1 (703) 569- 7704	WGETZ@CTJC. COM	Technical Representative
	DAVINA SASHKIN , ESQ BAKER HOSTETLER LLP	1050 Connecticut Ave., NW Suite 1100 Washington, DC 20036 United States	+1 (202) 861- 1759	dsashkin@bakerlaw. com	Legal Representative

Certification	Section	Question	Response
	General Certification Statements	The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).	
		The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. §862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR . See §1. 2002(b) of the rules, 47 CFR §1.2002(b), for the definition of "party to the application" as used in this certification §1.2002 (c). The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.	
	Authorized Party to Sign	 FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503). 	
		I certify that this application includes all required and relevant attachments.	Yes
		I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	Davina S. Sashkin , Esq Legal Counsel 04/22/2021

Information not provided.

Attachments